South Carolina Department of Disabilities
And
Special Needs

Behavior Support Services Standards

Effective December 1, 2009

MISSION

The mission of the South Carolina Department of Disabilities and Special Needs (SCDDSN) is to assist people with disabilities and their families through choice in meeting needs, pursuing possibilities and achieving life goals and minimize the occurrence and reduce the severity of disabilities through prevention. Consistent with the Agency's mission, the intent of SCDDSN Behavior Support Services is to provide people with Mental Retardation/Related Disabilities (MR/RD), Autism, and Head and Spinal Cord Injury (HASCI), and similar disabilities the supports needed in order for them to meet their needs, pursue possibilities, and achieve their life goals.

DEFINITION

Behavior Support Services are those services which use current empirically validated practices to identify causes of, intervene to prevent, and appropriately react to problematic behavior. These services include initial assessment for determining need for and appropriateness of behavior support services; behavioral assessment (i.e., functional assessment and/or analysis) that includes direct observation, interview of key persons, collection of objective data, analysis of behavioral/functional assessment data to determine the function of the behaviors (and later to assess success of intervention and any needed modifications) and behavioral intervention based on the functional assessment that is primarily focused on prevention of the problem behavior(s) based on their function.

Behavioral intervention in the form of a Behavior Support Plan (BSP) are required to address destructive behaviors (i.e., physical aggression, self-injury, and property destruction). They may also be used to address other problem behavior that has a negative impact on the quality of life for a person served by SCDDSN.

One (1) unit of Behavior Support Services equals thirty (30) minutes of service provision. Partial units may be billed; however, rounding up is not allowed.

Behavior support must not be provided in a group setting or to multiple recipients at once.

PHILOSOPHY

Positive behavior support recognizes that people exhibit problem behavior because it serves a useful purpose for them in their current situation. The focus of positive behavior supports begins with understanding the function of the problem behavior. Once it is known why the problem occurs for an individual, procedures can be developed to teach and promote alternatives that can replace the problem behavior. The goal is not just to eliminate the undesirable behavior. The focus should be to create environments and patters of support for the person that makes the problem behavior irrelevant, ineffective, or inefficient. The key outcome of positive behavior supports should be an improvement in quality of life for the person that includes the replacement of problem behavior(s) with appropriate alternatives that serve the same purpose. It is the philosophy of SCDDSN that people will be free from any serious risk to physical and psychological health and safety at all times, including during the development of a Behavior Support Plan (BSP). Procedures used to insure safety should not be misunderstood to substitute for procedures to provide positive behavior supports.

Those who develop Behavioral Support Plans (BSP) must know the values, theory, and practices of positive behavior support as provided in the "Functional Assessment and Program

Development for Problem Behavior: A Practical Handbook" by O'Neill, Horner et. Al. (Brookes/Cole Publishing Company, 1997) or other similarly recognized guides to effective, evidence-based practices in positive behavior support.

STANDARDS

1. **Behavior Support Services may only be provided by those who have met and continue to meet specified criteria as indicated by approval as a provider of behavior support services under the Medicaid waiver.**

2. **Providers of Behavior Support Services must satisfy specified continuing education requirements.**

3. **When psychotropic medication is used to address problem behavior that poses a significant risk to the person receiving the service, others, or the environment (e.g., self-injury, physical aggression, property destruction) the Behavior Support Plan (BSP) must address the specific behavior (or psychiatric symptoms) for which the medication is given.**

   A BSP is not required for consumers receiving psychotropic medication to treat a psychiatric disorder when the record documents that:

   - **The person does not exhibit behaviors that pose a significant risk of harm to themselves, others or the environment.**

   GUIDANCE: **This would be documented by data collected by direct support staff and summarized by the local agency personnel or BSS provider.**

   - **The Psychotropic Drug Review team, including the psychiatrist or MD with expertise in developmental disabilities has determined that the person has reached the lowest effective dosage of the medication based on data collected on symptoms/problem behavior.**

   GUIDANCE: **This written documentation needs to be in the persons' record and reviewed/updated annually for as long as the person receives the medication.**

4. **An initial assessment to determine the need for and appropriateness of behavior support services must include the components of a functional assessment.**

   GUIDANCE: **The components include staff interviews, reviewing and/or creating operational definitions of behavior and initial observation of the person (with A-B-C data collection).**

   - **Initial assessment should begin as soon as possible following acceptance of a referral.**

5. **Prior to implementation of a BSP, a functional assessment must be completed.**

   GUIDANCE: Functional assessment results must be specific to each target behavior. *As O'Neill et al. pointed out (see page 2 of these standards), key outcomes of a functional assessment include*:

a. *A clear description of the problem behavior including the classes or sequences of behavior that frequently occur together.*
b. *The events, times, and situations that predict when the problem behaviors will and will not occur across the full range of typical*
c. *The consequences that maintain the problem behaviors (that is what function(s) the behaviors appear to serve for the person) are identified.*
d. *One or more summary statements or hypotheses that describe specific behaviors, a specific type of situation in which they occur, and the outcomes or reinforces maintaining them in that situation are developed.*
e. *Direct observation data that support the summary statements that have been developed are collected.*

To appropriately address the intended outcomes of a functional assessment (above) the functional assessment must include:

a. *Conducting staff and/or caregiver interviews for preliminary information*
b. *Defining behavior in objective and measurable terms (behaviors to increase and decrease)*
c. *Use (possibly to include design) of appropriate data collection systems*
d. *Application of data collection to determine where, when, and why problems occur*
e. *Training staff and/or caregivers to collect behavioral data*
f. *Direct observation of behavior that includes data using objectively defined terms on more than one occasion and in the settings in which the problems occur*
g. *Data analysis to determine function of behavior (including A-B-C) analysis*
h. *Assessment of the consumer's preferences, reinforcers, and potential reinforcers*
i. *Identification of replacement behavior that serves the same function as the problem behavior (for each problem behavior or class of problem behaviors)*
j. *The use of graphs that provide for demonstration of intervention effect*

The following are important issues for consideration and/or implementation in developing behavior support services:

a. *Behavior rating scales/checklists*
b. *Consideration of:*
    1) *Risks of the problem behavior(s) to the person, others, and the environment*
    2) *The therapeutic quality of the person's environment including: training opportunities, social interactions, functional activities, environmental accommodations, community inclusion and training, and monitoring of those implementing plan*
    3) *Relevant sensory strengths and deficits.*
    4) *The person's functional communication skills*
    5) *The person's sleep and eating patterns*
    6) *The person's physical/medical condition, including medical syndromes that may have an impact on problem behaviors*
    7) *The person's psychiatric condition, if possible*
    8) *Medication effects and side effects*
    9) *Historical information from family, previous staff, and relevant others*

Unless exceptional circumstances exist, functional assessments should be completed with 30 – 45 days of initiation.

6. **Precautionary measures to protect the person and others from harm shall always be taken during the course of functional assessment of problem behavior.**

   GUIDANCE: **In an "emergency" or urgent situation, safety must be assured and it would be inappropriate to delay intervention for the weeks that a typically functional assessment may take to complete. In such (hopefully rare) situations interterm written interventions may appropriate. These interventions would have the primary intent of insuring safety and providing potential reinforcement for appropriate behaviors. As the same time the functional assessment should be implemented so that once completed, it will provide key information on the motivation for the problem behavior that would be included in the development of the actual BSP.**

7. **All documents (i.e., data analysis, summary, and report) that comprise the functional assessment must be readily available for review as long as the behavior support plan is implemented.**

8. **Behavior Support Plans must contain the following elements:**
   a. **Identifying individual information, such as name, age, skills, interests, level of functioning, home address, date of BSP, and signature of the professional who was lead author of the BSP.**
   b. **An operational definition of each problem behavior to be decreased.**
   c. **An operational definition of each replacement behavior to be increased.**
   d. **A measurable objective for each problem behavior and replacement behavior.**
   e. **Procedures for teaching and/or reinforcement of replacement behavior as an alternative for achieving the function of the problem behavior(s).**
   f. **Procedures specific to each problem behavior that specifically addresses prevention, replacement, and management of each problem behavior.**
   g. **The type of data to be collected to assess progress toward the objectives(s) for behaviors to be increased and decreased.**

9. **Prior to implementation, those expected to implement the BSP must be trained. Documentation must be available to support that training was provided.**
   GUIDANCE: Training responsibility rests with the BSP author. However, approved providers of behavior supports can train a trainer for a specific plan (e.g., the BSP author may train a designated staff person to teach others about a person's BSP). Approval for a local staff member to train others on a specific BSP must be documented. Approval may only be given for the person's current plan. It is expected that anyone providing training on a BSP will be able to provide practical information, answer questions, and skillfully demonstrate any procedures in the plan. Training must include information on how to collect behavioral data.

10. **Plans that involve risks to individual protection and rights including those designated by the provider as being restrictive must be reviewed and approved by the Agency's Human Rights Committee (HRC) prior to implementation and annually thereafter.**

    GUIDANCE: **See SCDDSN Policy 535-07-DD**

11. **Consent, pursuant to SCDDSN Policy 535-07-DD, must be obtained.**

12. Once a BSP has been implemented, data must be collected.

GUIDANCE: **Unless exceptional circumstances exist, the BSP should be implemented with two (2) weeks of the completion of the functional assessment.**

13. Data collected must be reviewed at least monthly by a designated staff member and an approved provider of Behavior Support Services.

14. Data must include a graph on which data is graphed in a manner which notes changes in BSP procedure, psychotropic medications, and significant environmental variables and over sufficient duration to facilitate detection of trends and patterns.

15. The BSP is not considered to be current and therefore must be amended when:

- **No progress is being made;**
- **A new intervention, strategy or support is warranted.**

GUIDANCE: **BSP do not have to be updated annually or have an annual statement of need. However, BSPs should be revised as needed and must always be current.**